

## Declaration of Good Health Form

**Instructions:** Please complete all sections honestly. This form is required to confirm your current medical fitness to work.

**Employee Name:**

**Employee ID (if applicable):**

**Department:**

**Position/Job Title:**

**Date:**

**Current Health Status:**

- I do not have a fever, cough, or shortness of breath
- I have not experienced flu-like symptoms in the past 14 days
- I have not been in contact with anyone diagnosed with infectious diseases (e.g., COVID-19) in the past 14 days
- I am not currently under any medical treatment that prevents me from performing my work duties

**If you have any health conditions, please specify:**

I, the undersigned, hereby declare that the information provided above is true and correct to the best of my knowledge.

I understand that supplying false information could lead to disciplinary action.

**Employee Signature:**

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**Date:**

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[Print Form](#)